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MULTIPLE DEPENDENT CLAIM					Application Number 09/825,533			Filing Date 02 April, 2001			☐ To be Mailed		
FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Applicant(s) HUFFORD ET AL.					Page 1 of 1			
	(For use	with Politi F	(O/SB/00)		* May be used for additional claims or amendm					ents			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/24/2010		AFTER SEC. AMENDMENT		*		* 09/24/10		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			-				51			1			
2			-				52			1			
3			- 1				53 54			-	3		
5			1	_			55				5		
6			_	1			56				3		
7			-	-			57				5		
8 9			-	- 1			58 59				4		
10			_	1 -			60				1		
11			-	-			61				1		
12				1			62				2		
13				1			63				2		
14 15			-	-			64 65						
16			1	-			66						
17				1			67						
18			-	-			68						
19			-	-			69						
20 21				1			70 71						
22				1			72						
23				1			73						
24			1				74						
25				1			75 76						
26 27				1			77						
28				1			78						
29				1			79						
30				1			80						
31 32							81 82						
33							83						
34							84						
35							85						
36 37							86 87						
38							88						
39							89						
40							90						
41 42							91 92						
43							93						
44							94						
45							95						
46							96						
47 48			1				97 98						
49			1				99						
50			1				100						
Total Indep			6				Total Indep			2			
Total Depend				15			Total Depend				27		
Total Claims			21				Total Claims	2		9			

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